



THELMA SADOFF CENTER FOR THE ARTS

# Application for Employment

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental disability, or veteran status.

Date \_\_\_\_\_  
Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_ Email \_\_\_\_\_

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_ Desired Wage \$ \_\_\_\_\_ per hr. / yr.

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?

(You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available?

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Are you willing to work weekends?  Yes  No

Have you ever been convicted of a felony? (This will not necessarily affect your application.)

Yes  No

If yes, please describe conditions. \_\_\_\_\_

## Education

School (start with High School)	Location	Year Completed	Major	Degree (Y/N)

In addition to your work history, are there other skills, qualifications, or experience that we should consider? \_\_\_\_\_

## Military Service

Have you ever or are you now serving in the U.S. Armed Services? \_\_\_\_\_

If so, what branch? \_\_\_\_\_ Dates served: From \_\_\_\_\_ To \_\_\_\_\_

Please state type of discharge if applicable: \_\_\_\_\_

Employment History (most recent first)

Company \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_  
Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ May we contact?  Yes  No  
Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Attach additional information if necessary.

References (Past business associates preferred)

Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Years known \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Years known \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone \_\_\_\_\_ Occupation \_\_\_\_\_ Years known \_\_\_\_\_

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This organization is hereby authorized to make any investigations of my prior educational and employment history. I understand that employment at this organization is "at will," which means that either I or this organization can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this organization, other than the Executive Director, has any authority to alter the foregoing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Comments: